STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Laboratories Administration

Robert A. Myers, Ph.D., Director

July 31, 2012

Dear Laboratories Administration Customer:

The Laboratories Administration in the Maryland Department of Health and Mental Hygiene (DHMH) provides select diagnostic and reference laboratory testing services to support our local health departments and other healthcare partners. The employees of the Laboratories Administration strive to meet or exceed the expectations of our customers while fulfilling regulatory requirements set forth by state and federal laws.

State and Federal Regulations mandate that all clinical (medical) test requisitions submitted to the Laboratories Administration must contain the address and name of the "authorized person". Therefore, the Laboratories Administration must take actions to ensure compliance and that all mandated regulations are implemented.

An **authorized person** in the State of Maryland, according to the Code of Maryland Regulations (COMAR), is:

- A court of law;
- A doctor of medicine, osteopathy, podiatric medicine, or dentistry;
- A nurse midwife certified by the Maryland State Board of Nursing under COMAR 10.27.05;
- A nurse practitioner certified by the Maryland State Board of Nursing under COMAR 10.27.07 and authorized to order tests under a written agreement with a physician;
- A physician's assistant, as authorized by the physician's assistant's supervising physician; or
- Another person authorized to order laboratory tests under the Annotated Code of Maryland.

Employees working at health clinics (*e.g.* – STD clinics) are working under the direction of a licensed Physician - Medical Director for the program. It may be important to include an additional contact name, if appropriate, the individual responsible for using the test results.

Every clinical laboratory requisition submitted to Laboratories Administration must contain the following information:

- The name and address of the **authorized person** requesting the test **and**, if appropriate, the individual responsible for using the test results, or the name and address of the laboratory submitting the specimen, including, as applicable, a contact person to enable the reporting of imminently life threatening laboratory results or panic or alert values.
- The patient's name or unique patient identifier.
- The sex and age or date of birth of the patient.
- The test(s) to be performed.
- The date of specimen collection.

Optional Test Specific Information

- The source of the specimen, if appropriate.
- The time of specimen collection, if applicable; and
- Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of results, including interpretation, if applicable.

The health care providers address, contact information and the name of the authorized person ordering the test can be: hand written (print legibly), applied by rubber stamper, or pre-printed adhesive labels, on all copies of the test requisition. ***Any test requisition that does not meet the minimum submission requirements could be REJECTED***.

The Laboratories Administration appreciates the cooperation and patience from our customers as we implement these corrective actions. If you have any questions or comments regarding this correspondence, please contact the Head of Support Services, Denise Shackleford at (410) 767-6116 or denise.shackleford@maryland.gov ; or, Quality Assurance Officer, Mark McKinney at (410) 767-5426 or email mark.mckinney@maryland.gov .

Sincerely,

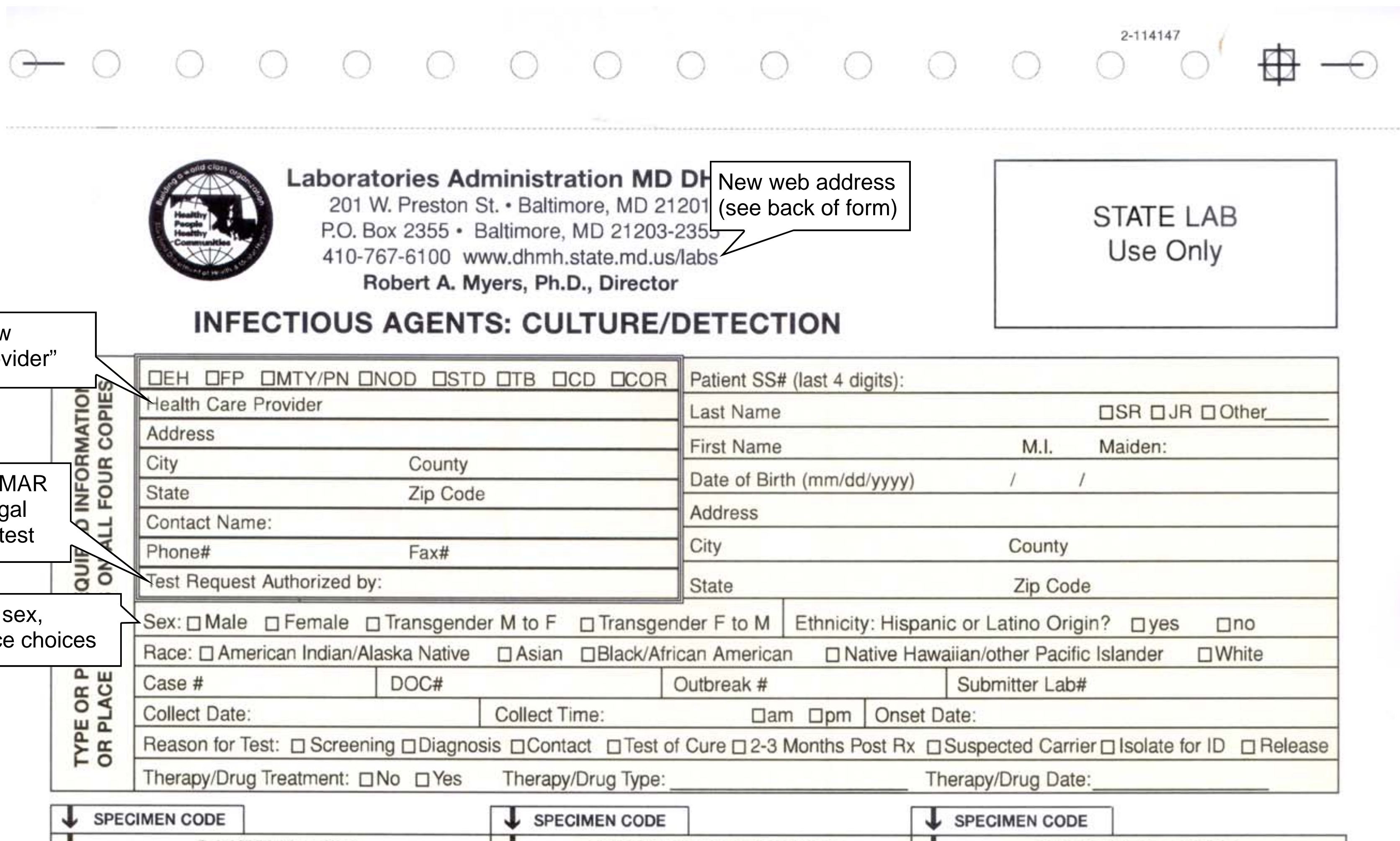
Robert A Myers, Ph.D.
Director

Note: Required changes to updated Infectious Agents:Culture/Detection Form (DHMH 4676) and updated Serological Form (DHMH 4677.)

Please continue to use the remaining previous version of the Test Request Forms, adding the name of the person who is the legal authority to order the test.

Pre-printed labels: Type "TRAB" (acronym for "Test Request Authorized By") then the authorized person's name.

Handwritten lab slips: In the "Contact name" box, print "TRAB" and then print the name of the authorized person.



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Laboratories Administration MD DH
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410-767-6100 www.dhmh.state.md.us/labs
Robert A. Myers, Ph.D., Director

New web address (see back of form)

STATE LAB Use Only

INFECTIOUS AGENTS: CULTURE/DETECTION

"Submitter" is now "Health Care Provider"

New - refer to COMAR 10.10.06.02 for legal authority to order test

Note changes to sex, ethnicity, and race choices

TYPE OR P... OR PLACE ... QUIR... D INFORMATION ON ALL FOUR COPIES

☐EH ☐FP ☐MTY/PN ☐NOD ☐STD ☐TB ☐CD ☐COR
Health Care Provider
Address
City | County
State | Zip Code
Contact Name:
Phone# | Fax#
Test Request Authorized by:

Patient SS# (last 4 digits):
Last Name ☐SR ☐JR ☐Other______
First Name | M.I. | Maiden:
Date of Birth (mm/dd/yyyy) / /
Address
City | County
State | Zip Code

Sex: ☐Male ☐Female ☐Transgender M to F ☐Transgender F to M | Ethnicity: Hispanic or Latino Origin? ☐yes ☐no
Race: ☐American Indian/Alaska Native ☐Asian ☐Black/African American ☐Native Hawaiian/other Pacific Islander ☐White
Case # | DOC# | Outbreak # | Submitter Lab#
Collect Date: | Collect Time: ☐am ☐pm | Onset Date:
Reason for Test: ☐Screening ☐Diagnosis ☐Contact ☐Test of Cure ☐2-3 Months Post Rx ☐Suspected Carrier ☐Isolate for ID ☐Release
Therapy/Drug Treatment: ☐No ☐Yes Therapy/Drug Type:__________ Therapy/Drug Date:__________

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